

ADAMS COUNTY HIGHWAY DEPT**APPLICATION/PERMIT to CONSTRUCT, OPERATE,
and MAINTAIN UTILITIES WITHIN HIGHWAY
RIGHT-OF-WAY**

Applicant/Company: _____

Address: _____

Office Phone: _____

Local Phone & Pager: _____

Plans Prepared By: _____

Preparer's Phone: _____

LOCATION INFORMATION**Adams County Permit Number:** _____

Highway(s): _____

Town/Village/City of: _____

_____ ¼ of the _____ ¼ Sec _____ T N R E

ADDITIONAL INFORMATIONUtility Construction Permit? ☐ Yes ☐ NoUtility Service Construction Permit? ☐ Yes ☐ NoAnnual Service Connection Permit? ☐ Yes ☐ No

Utility Work Order # _____

Fee Required? ☐ Yes ☐ No Amount \$ _____**DESCRIPTION OF PROPOSED WORK (Check and fill out all that apply)**UTILITY TYPE: ☐ Electric ☐ Gas/petroleum ☐ Communications ☐ Water ☐ Sanitary sewer ☐ Private line☐ Transmission ☐ Distribution ☐ Service *Facility Size/Capacity:* _____
(diameter, # fibers, psi, Kv, etc.)ORIENTATION: ☐ Overhead ☐ Underground ☐ Parallel to hwy centerline ☐ Hwy crossing ☐ Bridge attachment ☐ TunnelWORK TYPE: ☐ New construction ☐ Improve/repair existing ☐ Maintenance ☐ Removal ☐ Abandon in placeCONSTRUCTION METHOD(S): ☐ Plow ☐ Trench ☐ Bore ☐ Suspend on poles/towers ☐ Open cut hwy ☐ Cased☐ Tree cutting/removal ☐ Chemical treatment of trees/brush*Erosion Control Designation:* ☐ Major ☐ Minor

Provide additional narrative if needed: _____

NAME AND PHONE NUMBER OF UTILITY REPRESENTATIVE
RESPONSIBLE FOR CONSTRUCTION: _____

Estimated Starting Date: _____ Estimated Completion/Restoration Date: _____

The Applicant understands and agrees that the permitted work shall comply with all permit provisions and conditions of the Utility Accommodation Policy of the above-named county in effect at the time of this application, and with any special provisions listed below or attached hereto, and any and all plans, details, or notes attached hereto and made a part thereof.

By: _____
(Signature of Applicant/Company Authorized Representative) (Title) (Date)_____
(Typed/Printed Name of Person Signing Above or Electronic Signature Code) (Authorized Applicant/Company Representative Telephone Number)**DO NOT WRITE BELOW THIS LINE****PERMIT APPROVAL BY PERMITTING AUTHORITY**

The foregoing application is hereby approved and permit issued by the Permitting Authority subject to full compliance by the Applicant with all provisions and conditions stated in the Utility Accommodation Policy of the above-named county including the Indemnification as included in 96.03 of the WCHA Utility Accommodation Policy in effect on the date of this application.

Supplemental Provisions Attached: ___ Yes ___ No

By: _____
(Authorized Representative for County)_____
(Title) (Date)**FEE RECEIVED: \$** _____**CHECK NUMBER:** _____**DATE ISSUED:** _____

Annual Service Connection Permit (ASCP)	\$100.00	Open Cuts Across Paved Roadways	\$250.00
Permit Application & Review Fee	\$25.00	Open Cut Bond	\$5,000.00
Inspection Fee per Permit	\$50.00	After the Fact Permit	\$500.00

**RETURN THIS COMPLETION CERTIFICATE
TO THE ADAMS COUNTY HIGHWAY DEPARTMENT
WHEN SITE IS RESTORED**

COMPLETION CERTIFICATE
(For Utility Permits)

Mail or Fax to Address Listed Below

Date _____

To: ADAMS COUNTY HIGHWAY DEPARTMENT

ATTN: Jason Kirsenlohr
TELEPHONE: 608-339-3355
FAX: 608-339-4983
E-MAIL: jkirsenlohr@co.adams.wi.us

COMPANY: _____

ADDRESS: _____

CITY,STATE,ZIP: _____

CONTACT: _____

FAX: _____

TELEPHONE: _____

COUNTY PERMIT NO.: _____

UTILITY WORK ORDER # _____

The work requested under the above-mentioned highway permit has been completed. The Department can now review to insure proper restoration to the affected highway right-of-way has been made.

Signature: _____

Printed Name: _____